

CERTIFICATE OF SERVICE

CONTRACTOR Firewell Co., Inc 3685 Broadway Buff 25, N.Y.		TO: (Major Air Command) SAC (DM8D) Offutt AFB, Nebr			
CONTRACT AF 33(600)-39203 EXHIBIT NO. 11		DATE OF CERTIFICATE 31 December 1959			
1. NAME OF CTSP (Last, First, and MI)		2. AF UNIT 4080 Strat R Wg (L)		3. PERIOD OF CERT (Inclusive dates) 1 Dec 59 THRU 31 Dec 59	
4. VACATION TIME (Inclusive dates) None THRU FOIAb3a THRU		5. SICK TIME (Inclusive dates) None THRU THRU		6. CONTRACT HOLIDAYS None	
7. BILLABLE DAYS 31					
8. AUTHORIZED OVERTIME HOURS WORKED					
DATE	TIME AND $\frac{1}{2}$	DOUBLE TIME	DATE	TIME AND $\frac{1}{2}$	DOUBLE TIME
None					
9. DATES ON WHICH PREMIUM PAY SHIFTS WERE WORKED None					
10. TEMPORARY DUTY AWAY FROM HOME STATION (Enter hour and date of departure and return)					
DEPARTED	RETURNED	DEPARTED	RETURNED	DEPARTED	RETURNED
N/A					
11. AUTHORIZED TRAVEL PERFORMED BY COMMERCIAL CARRIER (Including Taxicab, etc.)					
INCLUSIVE DATES	FROM	TO		MODE	COST
N/A THRU					
THRU					
THRU					
12. AUTHORIZED PRIVATELY - OWNED CONVEYANCE TRAVEL (Except on-base mileage)					
INCLUSIVE DATES	FROM	TO		TOLLS	MILES
N/A THRU					
THRU					
THRU					
THRU					
13. AUTHORIZED ON BASE MILEAGE BY PRIVATELY - OWNED CONVEYANCE: N/A MILES					
14. GOVERNMENT TRANSPORTATION REQUESTS USED					
DATE ISSUED	ISSUING AGENCY	FROM		TO	
N/A					
15. GOVERNMENT QUARTERS WERE USED ON THE FOLLOWING DATES: N/A					

16. IF THIS IS THE INITIAL CERTIFICATE SUBMITTED FROM THIS AF UNIT, STATE PLACE OF LAST ASSIGNMENT AND DATE OF DEPARTURE:
N/A DEPARTED (Place) ON (Date)

17. IF THIS IS THE FINAL CERTIFICATE SUBMITTED FROM THIS AF UNIT, STATE DATE OF DEPARTURE:
N/A

18. DEPARTED THE UNITED STATES FOR OVERSEAS DUTY FROM

N/A

(Port)

ON (Date)

19. ARRIVED THE UNITED STATES FROM OVERSEAS DUTY AT

N/A

(Port)

ON (Date)

20. NAME OF COUNTRY WHERE OVERSEAS DUTY WAS PERFORMED DURING THIS PERIOD (Unless prohibited for security reasons)
N/A

21. ADDITIONAL INFORMATION AND REMARKS:

None

22. CERTIFICATION: I certify that the information in Items 1 thru 21 above is true and correct to the best of my knowledge and belief.

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(Signature of CTSP)

23. CERTIFICATION: I certify that to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner. These services were authorized in advance by competent authority, and that appropriate written orders have been issued or requested, with the following exceptions:

(If services were not satisfactory, complete written report has been prepared and forwarded)

NAME	STATINTL	GRADE	LT COL
AFSN	ORGANIZATION		
35808A	4080 Strat R Wg (L)		

INSTRUCTIONS FOR PREPARATION:

a. Items not applicable will be indicated by N/A.

b. The period covered by a certificate will not include more than one calendar month.

c. ITEM 6. The number of contract holidays in the period will be entered regardless of whether they were work days. If they were work days, this will be shown in Item 8 as overtime even if contract does not provide for overtime premium pay. Reimbursement will be made for holiday work in accordance with applicable contract.

d. ITEM 7. The number of billable days is the total number of days in the period, less vacation days, sick days, and contract holidays. (Authorized travel days will be included in this item)

e. Entries in Items 8, 10, 11, 12, and 14, may be double-spaced or single-spaced as required. If additional space is needed, Item 21 may be used.

f. Month and year may be omitted when entering dates, except for date of certificate and Item 3. All other dates must be within the period covered by the certificate.

g. ITEM 23. If services were not satisfactory, or if there is disagreement as to the services performed, the AF Supervisory Officer must explain in Item 23.

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